

PILLINGER MILLER TARALLO, LLP
570 Taxter Road, Suite 2
Elmsford, New York 10523
Tel: (914) 702-6300
Fax: (914) 703-6688
Attorneys for Claimant

**SUPPLEMENTAL RULE
26(a) DISCLOSURE
RESPONSE**

UNITED STATES DISTRICT COURT OF THE
EASTERN DISTRICT OF NEW YORK

Civil Action No.
09-CV-5600 (CBA) (RLM)

-----X
IN THE MATTER OF THE PETITION OF NORTH
EAST MARINE, INC., AS OWNER OF THE TUG
ELENA, A 35' DECK BARGE AND A 40; DECK
BARGE, FOR EXONERATION FROM AND
LIMITATION OF LIABILITY
-----X

Claimant, EL SOL CONTRACTING AND CONSTRUCTION
CORPORATION, by PILLINGER MILLER TARALLO, LLP, in compliance
with Rule 26(a), hereby sets forth the following:

A. The following are names, addresses and phone numbers
of employees of claimant, El Sol Contracting and Construction
Corporation (hereinafter "El Sol", who were working in a
supervisory position with respect to the subject construction
project:

- Nicholas Gikas, (Project Manager)
43-06 54th Road
Maspeth, NY 11378
(718) 392-8800
- Eric Weiss, (Superintendent)
43-06 54th Road
Maspeth, NY 11378
(718) 392-8800
- James Carr, (Foremen)
43-06 54th Road
Maspeth, NY 11378
(718) 392-8800

At this time, claimant is unaware of any witnesses of the alleged occurrence other than those names previously disclosed by the parties herein.

B. The following documents, annexed hereto, are relevant to the disputed facts in this matter:

- Please find attached hereto a New York State Workers Compensation Board report of Work Related Accident/Occupational Disease for Robert Booty.

C. A computation of the alleged damages will be supplied by claimant, Robert Booty.

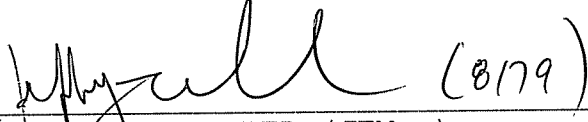
D. The responding defendant maintained a commercial general liability policy with Liberty International, Policy No. DGLNY205945017, effective dates are 6/1/07 to 6/1/08. Policy limits are \$1,000,000 per occurrence and \$2,000,000 in the aggregate. A copy of the subject Certificate of Insurance is annexed hereto.

Claimant reserves the right to supplement this response if and when additional information becomes available.

Dated: Westchester, New York
June 8, 2010

PILLINGER MILLER TARALLO, LLP

By:

 (8/79)
JEFFREY T. MILLER (JTM-)

For the Firm

PILLINGER MILLER TARALLO, LLP

Attorneys for Defendant

El Sol Contracting and Construction
Corporation

570 Taxter Road, Suite 275

Elmsford, New York 10523

(914) 703-6300

Our File No. LIB-00105.1/JTM

TO: SEE ANNEXED PAGE

TO:

HOFMANN & ASSOCIATES
Attorney for Plaintiff
Robert Boody
360 West 31st Street
New York, New York 10001
(212) 465-8840

NICOLETTI HORNIG & SWEENEY, ESQS.
Attorney for Defendant
North East Marine, Inc.
Wall Street Plaza
88 Pine Street, 7th Floor
New York, New York 10005
(212) 220-3830
File: 10000530 DRH/GSR

RUBIN, FIORELLA & FRIEDMAN, LLP
Attorney for Defendants
Metro Marine, Inc., Metro Marine Sales
& Service, Inc., and Francois Guillet
292 Madison Avenue
11th Floor
New York, New York 10017
(212) 953-2381

HERZFELD & RUBIN, P.C.
Attorneys for Claimant
Francois Guillet
125 Broad Street
New York, NY 10004

FROM : CARABIE CORP

FAX NO.: 9146990052

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STATE OF NEW YORK - WORKER'S COMPENSATION BOARD

EMPLOYER'S REPORT OF WORK-RELATED ACCIDENT/OCCUPATIONAL DISEASE

Send this notice directly to the Chair, Worker's Compensation Board at the address shown on the reverse side within ten (10) days after an accident occurs. ANSWER ALL QUESTIONS FULLY. A copy should also be provided to or retained by your worker's compensation insurance carrier.

Any employer who fails to timely file Form C-2, as required by Section 110 of the Worker's Compensation Law, is subject to a fine of not more than \$1,000. In addition, the Board or Chair may impose a penalty of up to \$2,500.

TYPEWRITER PREPARATION IS STRONGLY RECOMMENDED - INCLUDE ZIP CODE IN ALL ADDRESSES - EMPLOYER'S S.S.NO. MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO.	CARRIER CODE NO.	WC POLICY NO.	DATE OF ACCIDENT	EMPLOYEE'S S.S.NO.
		W204002	13729009	01/29/08	072-64-9118
1. (a) EMPLOYER'S NAME Carabie Corporation		(b) EMPLOYER'S MAILING ADDRESS 216 South Terrace Avenue Mt. Vernon, NY 10550		(c) JOSHUA CASE FILE NO.	
(d) LOCATION (if different from Mailing Address) +6.9		(e) NATURE OF BUSINESS (Principal Products, services, etc.) Bridge Painters		(f) EMPLOYER'S REG. NO. (If Known) 1815678	
2. (a) INSURANCE CARRIER The State Insurance Fund		(b) CHAIRER'S ADDRESS Please Go Back and Make a Selection			
3. (a) INJURED EMPLOYEE (First, M.I., Last) Robert Boody		(b) ADDRESS (includes No. and Street, City, State, Zip and Apt. No.) 1477 Edmont Place Far Rockaway, NY 11681			
ACCIDENT	4. (a) ADDRESS WHERE ACCIDENT OCCURRED Cross Bay Blvd. Bridge Queens, NY		(b) COUNTY Queens		(c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. HOUR EMP. BEGUN WORK AM PM 10:30	6. TIME OF ACCIDENT AM PM	7. DEPT. WHERE REGULARLY EMPLOYED		8. WAS EMPLOYEE PAID IN FULL FOR DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	9. (a) IS THE INJURY THE RESULT OF (1) IF YES, VEHICLE IS OWNED BY: THE USE OR OPERATION OF A MOTOR VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		(c) IF EMPLOYER'S VEHICLE, GIVE NAME AND ADDRESS OF NO FAULT INSURANCE CARRIER		
	10. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	11. DATE OF BIRTH 10/08/79	12. OCCUPATION (Specify job title at which employed) Journeyman		13. DATE Hired 3/1/2000
NATURE OF INJURY	14. (a) AVERAGE EARNINGS PER WEEK? \$ 44.00 HR	(b) TOTAL EARNINGS PAID WORKING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include overtime, vacation, bonus, etc.)		15. (a) EMPLOYEE IS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	(b) INJURED EMPLOYEE'S WORK WEEK (Check days usually worked) Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
	16. WHAT WAS THE INJURY OR ILLNESS? GIVE SPECIFIC PART OF BODY AFFECTED AND HOW IT WAS AFFECTED. Right upper thigh and hip				
	17. (a) DID YOU PROVIDE MEDICAL CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	18. WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. (a) NAME AND ADDRESS OF DOCTOR (b) NAME AND ADDRESS OF HOSPITAL			
21. (a) HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, GIVE DATE 01/30/08		(c) AT WHAT WEEKLY WAGE? \$	

NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS

CAUSE OF ACCIDENT	22. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific, identify tools, equipment or material the employee was using) Going to coffee break		
	23. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) Got off barge and climbed over rope with left leg and barge moved and his right leg got pinned to pier.		
	24. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE, e.g., the machine employee struck against or which struck him/her, the vapor or poison inhaled or swallowed, the chemical that irritated his/her skin, in case of burns, the thing (s) was lifting, pulling, etc. Pier		
	25. (a) DATE OF DEATH / /		
FATAL CASES	(b) NAME AND ADDRESS OF NEAREST RELATIVE		(c) RELATIONSHIP
	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 01/29/08		
	DATE OF THIS REPORT 05/13/08		
	IF FORM IS SUBMITTED BY EMPLOYER, COMPLETE A AND B BELOW. IF FORM IS SUBMITTED BY THIRD PARTY, COMPLETE A, B, C AND D BELOW.		
PREPARATION	A. EMPLOYEE PREPARING FORM OR SUPPLYING INFORMATION TO THIRD PARTY Jo Ann Miano		B. TITLE Safety Officer
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS Lovell Safety Management Co. LLC 125 Maiden Lane 11th New York, NY 10038		TELEPHONE NUMBER and EXTENSION (914) 899-0125
	D. THIRD PARTY CONTACT NAME Thomas Doddato		TELEPHONE NUMBER and EXTENSION (212) 709-8840

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TOTAL P.03

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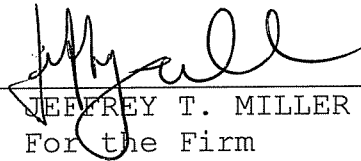
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CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Supplemental Rule 26(a) Disclosure Response was mailed via first class mail, postage prepaid this June 8, 2010, to all counsel of record as indicated on the service list below.



JEFFREY T. MILLER (JTM-8179)

For the Firm

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(914) 703-6300

Attorneys for Defendant

El Sol Contracting and Construction
Corporation

SERVICE LIST

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ESQS.

Wall Street Plaza

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New York, New York 10005

(212) 220-3830

Attorney for Defendant

North East Marine, Inc.

File: 10000530 DRH/GSR

RUBIN, FIORELLA & FRIEDMAN,
LLP

292 Madison Avenue

11th Floor

New York, New York 10017

(212) 953-2381

Attorney for Defendants

Metro Marine, Inc., and

Metro Marine Sales & Service,
Inc.

HERZFELD & RUBIN, P.C.

125 Broad Street

New York, NY 10004

Attorneys for Claimant

Francois Guillet

HOFMANN & ASSOCIATES

Attorney for Plaintiff

Robert Boody

360 West 31st Street

New York, New York 10001

(212) 465-8840

Civil Action No. 09-CV-5600(CBA)(RLM)

UNITED STATES DISTRICT COURT
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IN THE MATTER OF THE PETITION OF NORTH EAST MARINE, INC., AS OWNER OF THE TUG ELENA, A 35' DECK
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SUPPLEMENTAL RULE 26(a) DISCLOSURE RESPONSE

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LIB-00105.1/JTM

CERTIFICATION PURSUANT TO 22 N.Y.C.R.R. §130-1.1a

JEFFREY T. MILLER hereby certifies that, pursuant to 22 N.Y.C.R.R. §130-1.1a, the foregoing Supplemental Rule 26(a) Disclosure Response is not frivolous nor frivolously presented.

Dated: Westchester, New York
June 8, 2010


JEFFREY T. MILLER

PLEASE TAKE NOTICE

- ☐ that the within is a true copy of a _____ entered in the office of the clerk of the within named Court
on _____
- ☐ that a _____ of which the within is a true copy will be presented for settlement to the Hon. one of the
judges of the within named Court at _____, on at 9:30 a.m.

PILLINGER MILLER TARALLO, LLP
Attorneys for Defendant
El Sol Contracting and Construction Corporation
570 Taxter Road, Suite 275
Elmsford, New York 10523
(914) 703-6300
Our File No. LIB-00105.1/JTM

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